

Mount Pleasant Baptist Church (MPBC) Ministry Continuity Plan Amid COVID-19



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REOPEN, ESTABLISH, CONDUCT, AND MAINTAIN A SAFE ENVIRONMENT FOR WORSHIP-COVID-19

Program Administration. Mount Pleasant Baptist Church (MPBC) will implement a program with protocols that will allow the church to reopen and provide its congregation and staff an environment that helps the people of faith to practice their beliefs while keeping their staff and congregations safe. The virus that causes COVID-19 can be spread to others by infected persons who have few or no symptoms. Even if an infected person is only mildly ill, the people they spread it to may become seriously ill or even die, especially if that person is 65 or older with pre-existing health conditions that place them at higher risk. Because of the hidden nature of this threat, everyone will rigorously follow the practices specified in these protocols, all of which facilitate a safe and measured reopening of MPBC. The virus that causes COVID-19 is still circulating in our communities. We will continue to observe practices that protect everyone, including those who are most vulnerable.

PHASE I

1.0 DAILY OPERATION WITH MINIMUM STAFFING

1.1 OBJECTIVE. Prevent and Reduce Transmission Among Employees (Date and Time of Execution: 07 July 2020).

MPBC and Director of Administration and Operations (DoAO) is responsible for establishing protocols for monitoring federal, state, and local public health communications about COVID-19 regulations, guidance, and recommendations and ensure that workers, staff, ministry team and Church Leadership have access to that information. DoAO will monitor all COVID-19 websites weekly.

1.2 STAFF ADMINISTRATION. MPBC and DoAO will reopened the church and resume the limited day to day administration. The church will be open one or two days per week, 10:00-AM-2:00 PM. The DoAO has a responsibility to ensure the church employs all processes and procedures to protect the MPBC staff against COVID-19 while it executes its administrative and other Church responsibilities/functions. The DoAO is also responsible for enforcing the processes and procedures. The DoAO will:

- **Actively encourage sick and, or symptom employees/ministry support staff to stay home:**
 - Employees who have symptoms will notify their supervisor and stay home. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
 - Reviewed and found any area of concern as outlined in the MPBC in home
 - Sick employees will call their supervisor and DoAO immediately once symptoms are determining. Employees will not return to work until the criteria to discontinue home isolation are met, in consultation with healthcare providers.
 - Employees who are well but who have a sick family member at home with COVID-19 will notify the DoAO.

1.3 CONDUCT DAILY IN-PERSON OR VIRTUAL HEALTH CHECKS (e.g., symptom and/or temperature screening) of employees before they enter the facility, in accordance with state and local public health authorities:

- Implementing in-person health checks, conduct them safely and respectfully.
- Use social distancing, barrier or partition controls, or personal protective equipment (PPE) to protect the employee where appropriate.
- Complete the health checks in a way that helps maintain social distancing guidelines.
- DoAO follow guidance from the Equal Employment Opportunity Commission regarding confidentiality of medical records from health checks IAW HIPPA **(1)** regulations.

1.4 IDENTIFY WHERE AND HOW WORKERS MIGHT BE EXPOSED TO COVID-19 AT WORK. DoAO is responsible for:

- Providing a safe and healthy workplace.
- Conduct a thorough hazard assessment of the workplace to identify potential workplace hazards related to COVID-19.
- Use appropriate combinations of controls from the Pastor and DoAO to limit the spread of COVID-19, including engineering controls, workplace administrative policies, and personal protective equipment (PPE) to protect workers from the identified hazards (see table below):
 - Conduct a thorough hazard assessment to determine if workplace hazards are present, or are likely to be present, and determine what type of controls or PPE are needed for specific job duties.
- When MPBC COVID -19 engineering and administrative controls cannot be implemented or are not fully protective, DoAO is required by OSHA standards to:
 - Determine what protection is needed for MPBC workers' specific job duties,
 - Select and provide appropriate PPE to the workers at no cost, and
 - Train their workers on its correct use.
- Require employees to wear a cloth face covering at work if the hazard assessment has determined that they do not require PPE, such as a respirator or medical facemask for protection.
 - Center for Disease Control (CDC), state, and local government recommends wearing a cloth face covering as a measure to contain the wearer's respiratory droplets and help protect their co-workers and members of the general public.
 - Cloth face coverings are not considered PPE. They may prevent workers, including those who don't know they have the virus, from spreading it to others but may not protect the wearers from exposure to the virus that causes COVID-19.

1.5 SEPARATE SICK EMPLOYEES.

- Employees who appear to have [symptoms](#) upon arrival at work or who become sick during the day will immediately be quarantined in place or separated from other employees and visitors, and sent home.
- Implement the MPBC procedure in place for the safe transport of an employee who becomes sick while at work.

1.6. ACTIONS TO BE TAKEN IF AN EMPLOYEE IS SUSPECTED OR CONFIRMED TO HAVE COVID-19 INFECTION.

1.6.1 Shut Down MPBC Facility. If it has been less than 7 days since the sick employee, member, and/or visitor has been in the facility, close off any areas used for prolonged periods of time by the sick person:

- Wait 24 hours before cleaning and disinfecting areas to minimize potential for other employees being exposed to respiratory droplets. The DoAO and the Trustees will establish a contingency contract with a Sanitation company to provide full sanitation/decontamination support for an extreme COVID-19 emergency. Once the emergency sanitization operation is completed, detection operations will be executed approximately 1 hour after sanitizations have been concluded.
- During this waiting period, open outside doors and windows to increase air circulation in these areas.

If it has been 7 days or more since the sick employee used the facility, additional cleaning and disinfection is not necessary. Continue routinely cleaning and disinfecting, and detection of all high-touch surfaces in the facility.

1.7 MPBC WILL FOLLOW THE CDC CLEANING AND DISINFECTION RECOMMENDATIONS:

- Clean dirty surfaces with soap and water before disinfecting them.
- To disinfect surfaces, using products that meet EPA criteria for use against SARS-Cov-2, the virus that causes COVID-19, and are appropriate for the surface.
- Always wear gloves and gowns appropriate for the chemicals being used when you are cleaning and disinfecting.

DoAO and or his designated representative will determine which employees may have been exposed to the virus and may need to take additional precautions:

- Inform employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA) external icon.
- Follow the Public Health Recommendations for Community-Related Exposure and instruct potentially exposed employees to stay home for 14 days, telework if possible, and self-monitor for symptoms.
- Critical infrastructure external icon workplaces will follow the guidance on Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19. MPBC as a part of the community's critical infrastructure also have an obligation to manage potentially exposed workers' return to work in ways that best protect the health of those workers, their co-workers, the congregation, and the general public.

1.8 PASTOR THROUGH THE DoAO EDUCATE EMPLOYEES ABOUT STEPS THEY CAN TAKE TO PROTECT THEMSELVES AT WORK AND AT HOME:

- Encourage employees to follow any new policies or procedures related to illness, cleaning and disinfecting, and work meetings and travel.
- Advise employees to:
 - Stay home if they are sick, except to get medical care, and to learn what to do if they are sick.
 - Inform the DoAO if they have a sick family member at home with COVID-19 and to learn what to do if someone in their home is sick.
 - Wash their hands often with soap and water for at least 20 seconds or to use hand sanitizer with at least 60% alcohol if soap and water are not available. Inform employees

that if their hands are visibly dirty, they will use soap and water over hand sanitizer. Key times for employees to clean their hands include:

- Before and after work shifts
- Before and after work breaks
- After blowing their nose, coughing, or sneezing
- After using the restroom
- Before eating or preparing food
- After putting on, touching, or removing cloth face coverings
- Avoid touching their eyes, nose, and mouth with unwashed hands.
- Cover their mouth and nose with a tissue when you cough or sneeze or use the inside of their elbow. Throw used tissues into no-touch trash cans and immediately wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer containing at least 60% alcohol.
- Practice routine cleaning and disinfection of frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, and doorknobs. Dirty surfaces can be cleaned with soap and water prior to disinfection. To disinfect, use products that meet EPA's criteria for use against SARS-CoV-2, the cause of COVID-19, and are appropriate for the surface.
- Avoid using other employees' phones, desks, offices, or other work tools and equipment, when possible. Clean and disinfect them before and after use.
- Practice social distancing by avoiding large gatherings and maintaining distance (at least 6 feet) from others when possible.

1.9 MPBC (DoAO) IMPLEMENTS FLEXIBLE LEAVE AND SUPPORTIVE POLICIES AND PRACTICES.

- Ensure that leave policies are flexible and consistent with public health guidance and that employees are aware of and understand these policies.
- Maintain flexible policies that permit employees to stay home to care for a sick COVID-19 family member or take care of children due to school and childcare closures.
- MPBC *will* require a COVID-19 test result or a healthcare provider's note for employees who are sick to validate their illness, qualify for sick leave, or to return to work.
 - Under the American's with Disabilities Act, employers are permitted to require a doctor's note from your employees to verify that they are healthy and able to return to work.
 - The U.S. Equal Employment Opportunity Commission (EEOC) has established guidance regarding Pandemic Preparedness in the Workplace and the Americans with Disabilities Act. The guidance enables employers to take steps to protect workers consistent with CDC guidance, including requiring workers to stay home when necessary to address the direct threat of spreading COVID-19 to others.
- Review human resources policies to make sure policies and practices are consistent with public health recommendations and with existing state and federal workplace laws.
- Connect employees to employee assistance program (EAP) resources, if available, and community resources as needed.

1.10 MPBC (DoAO) WILL PROTECT EMPLOYEES AT HIGHER RISK FOR SEVERE ILLNESS THROUGH SUPPORTIVE POLICIES AND PRACTICES. Older adults (65 and older) and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19.

- Support and encourage options to telework, if available.
- Consider offering vulnerable workers duties that minimize their contact with church members and other employees (e.g., restocking shelves rather than working as a cashier), if the worker agrees to this.
- Offer flexible options such as telework to employees. This will eliminate the need for employees living in higher transmission areas to travel to workplaces in lower transmission areas and vice versa.

1.11 MPBC (DoAO) COMMUNICATES SUPPORTIVE WORKPLACE POLICES CLEARLY, FREQUENTLY, AND VIA MULTIPLE METHODS.

- Train workers and volunteers on how implementing any new policies to reduce the spread of COVID-19 may affect existing health and safety practices.
- Communicate to any on-site visitors about changes that have been made to help control the spread of COVID-19. Ensure that they have the information and capability to comply with those policies.
- Create and test communication systems that employees can use to self-report if they are sick and that you can use to notify employees of exposures and closures.
- Consider using a hotline or another method for employees to voice concerns anonymously.

1.12 MPBC (DoAO) ASSESS CHURCH ESSENTIAL FUNCTIONS and the reliance that others and the church community have on services or products.

- Be prepared to change church ministry practices, if needed, to maintain critical operations.
- Identify alternate supply chains for critical goods and services.
- When resuming onsite ministry operations, identify and prioritize job functions for continuous operations. Minimize the number of workers present at worksites by resuming ministry operations in phases, balancing the need to protect workers with support for continuing operations.

1.13 DoAO IN COORDINATION WITH THE PASTOR WILL DETERMINE HOW OPERATIONS WILL OPERATE IF ABSENTEEISM SPIKES from increases in sick employees and volunteers, those who stay home to care for sick family members, and those who must stay home to watch their children until childcare programs and K-12 schools resume.

- Plan to monitor and respond to absenteeism at the workplace.
- Implement plans to continue your essential ministry functions in case you experience higher-than-usual absenteeism.
- Prepare to institute flexible workplace and leave policies.
- Cross-train employees to perform essential functions so the workplace can operate even if key employees are absent.

1.14 MPBC (DoAO) WILL ESTABLISH POLICIES AND PRACTICES FOR SOCIAL DISTANCING. Alter workspace to help staff, volunteers, visitors, and church members maintain social distancing and physically separate employees from each other and from church members, when possible. Here are some strategies that MPBC ministry operations will use:

- Implement flexible worksites (e.g., telework).
- Implement flexible work hours (e.g., rotate or stagger shifts to limit the number of employees in the workplace at the same time).
- Increase physical space between employees at the worksite by modifying the workspace.
- Increase physical space between employees and church members (e.g., drive-through service, physical barriers such as partitions).
- Use signs, tape marks, or other visual cues such as decals or colored tape on the floor, placed 6 feet apart, to indicate where to stand when physical barriers are not possible.
- Implement flexible meeting and travel options (e.g., postpone non-essential meetings or events in accordance with state and local regulations and guidance).
- Close or limit access to common areas where employees are likely to congregate and interact.
- Prohibit handshaking.
- Deliver services remotely (e.g., phone, video, or web).

1.15 MPBC (DoAO) WILL PROVIDE SUPPLIES FOR EMPLOYEES, CHURCH MEMBERS, AND VISITORS NEEDED TO CLEAN THEIR HANDS AND MASK TO COVER THEIR COUGHS AND SNEEZES:

- Provide tissues.
- Provide soap and water in the workplace. If soap and water are not readily available, use alcohol-based hand sanitizer that is at least 60% alcohol. Ensure that adequate supplies are maintained.
- Ideally, place touchless hand sanitizer stations in multiple locations to encourage hand hygiene.
- Place posters that encourage hand hygiene to help stop the spread at the entrance to your workplace and in other workplace areas where they are likely to be seen.
- Discourage handshaking. Encourage employees to use other noncontact methods of greeting.
- Direct employees to visit CDC's coughing and sneezing etiquette and clean hands webpage for more information.

1.16 MPBC EMPLOYEES AND VOLUNTEERS WILL PERFORM ROUTINE CLEANING AND WILL:

- Routinely clean all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs at the onset of work and when the employee departs the worksite at the end of the day.
 - If surfaces are touched/dirty, clean them using a detergent or soap and water (where appropriate) before you disinfect them with the disinfect provided.
 - For disinfection, MPBC will provide EPA-registered disinfectant for each employee's worksite.
- Discourage workers and volunteers from using each other's phones, desks, offices, or other work tools and equipment, when possible.
- Wipe down commonly used surfaces (e.g., doorknobs, keyboards, remote controls, desks, other work tools and equipment) before each use.
- Store and use disinfectants in a responsible and appropriate manner according to the label.
- Provide gloves to volunteers and employees for use as appropriate when cleaning and disinfecting
- Prepare and provide additional PPE based on the setting and product.

1.17 MPBC (PASTOR AND DIRECTORS) WILL MINIMIZE RISK TO EMPLOYEES AND VOLUNTEERS WHEN PLANNING MEETINGS AND GATHERINGS:

- Use videoconferencing or teleconferencing when possible for work-related meetings and gatherings.
- Cancel, adjust, or postpone large work-related meetings or gatherings that can only occur in-person in accordance with state and local regulations and guidance.
- When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces continuing to maintain a distance of 6 feet apart and wear cloth face coverings.

The table (**Exhibit 1- Example Controls to Prevent the Spread of COVID-19 in Work Environments**) below presents examples of controls to implement in your workplace. The most effective controls are those that rely on engineering solutions, followed by administrative controls, then PPE. PPE is the least effective control method and the most difficult to implement. Worksites may have to implement multiple complementary controls from these columns to effectively control the hazard.

1.18 MPBC MANAGEMENT. Use the table below to implement the proper controls for personnel workplace.

TABLE: Example Controls to Prevent the Spread of COVID-19 in Work Environments		
Engineering	Administrative	Personal Protective Equipment (PPE)
<p>Facilities and Equipment</p> <ul style="list-style-type: none"> • Assess job hazards for feasibility of engineering controls • Ensure ventilation and water systems operate properly • Alter workspaces to maintain social distancing. Examples include: <ul style="list-style-type: none"> ○ Configure partitions as a barrier shield ○ Move electronic payment reader away from cashier ○ Use verbal announcements, signage, and visual cues to promote social distancing ○ Remove/rearrange furniture 	<p>Management and Communications</p> <ul style="list-style-type: none"> • Monitor state and local public health communications about COVID-19 • Encourage sick workers to report symptoms, stay home, and follow CDC guidance • Develop strategies to: <ul style="list-style-type: none"> ○ manage worker concerns ○ communicate with workers • Remind workers of available support services • Communicate to partners, suppliers, other contractors on policies and practices • Encourage social distancing and the use of 	<p>PPE</p> <ul style="list-style-type: none"> • Conduct workplace hazard assessment • Determine what PPE is needed for their workers’ specific job duties based on hazards and other controls present <p>Select and provide appropriate PPE to the workers at no cost.</p>

Provide remote shopping alternatives (e.g., delivery, pick-up)	cloth face coverings (if appropriate) in the workplace <ul style="list-style-type: none"> • Use technology to promote social distancing (e.g., telework and virtual meetings) • Cancel group events • Close/limit use of shared spaces • Ask church members who are ill to stay home • Consider policies that encourage flexible sick leave and alternative work schedules. • Schedule stocking during off-peak hours 	
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Exhibit 1- Example Controls to Prevent the Spread of COVID-19 in Work Environments

1.19 LOGISTICS AND SUPPLY.

MPBC will maintain stockage of supplies and equipment that will support six months of operations. Stockage objectives are based upon a providing 180 days of supplies and material and equipment for a Phase 1 Weekly (4 to 5 days/week) Operations. To execute the support outlined above, MPBC will have available the following equipment on hand:

- 6 Operational Medical Infrared Forehead Thermometer (Sampling equipment will be calibrated and clean prior to entering the contaminated area)
- 30 Masks per day
- Enough sanitizers to support 6 Personnel per day (5 days per week), or soap and water for at least 20 seconds per person per service
- Cleaning and Disinfection Supplies

PHASE II

2.0 REOPEN WORSHIP SERVICE (Date and Time to Execute: TBD (Proposed 8 November 2020- Planning Purpose)

2.1 OBJECTIVE. Mount Pleasant Baptist Church (MPBC) will implement a program that allows the church to reopen and provide its congregation and staff an environment that helps the people of faith to practice their beliefs while keeping their staff and congregations safe. The virus that causes COVID-19 can be spread to others by infected persons who have few or no symptoms.

2.2 ORGANIZATION. CHURCH ORGANIZATION-ROLES AND RESPONSIBILITIES FOR TEAM MEMBERS

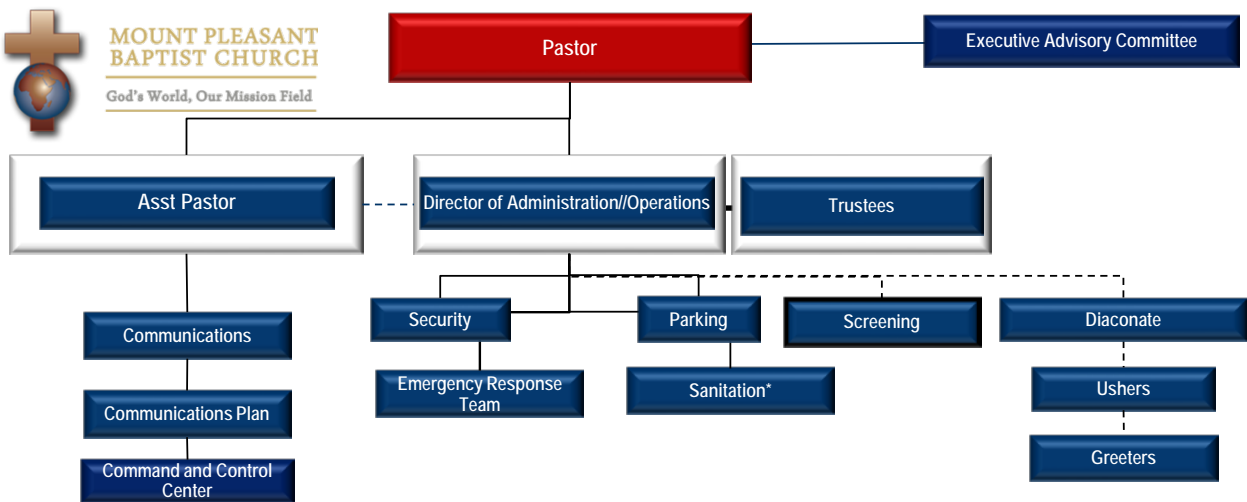


Exhibit 2-Lines of Authority, Succession of Management, and Delegation of Authority for Reopening Church Service

Mount Pleasant Baptist Church “Reopening” Church Service is broken into three phases: Cold, Warm and Hot Zones. Each zone addresses the church intent to manage and protect church members from the COVID-19 virus.

2.3 COLD ZONE.

The COLD Zone is the uncontaminated area where workers and church members are unlikely to be exposed to COVID -19 or dangerous conditions. Because the COLD Zone is free from contamination, personnel working within it may wear normal work clothes. Designation of the Support Zone is based on all available site characterization data. The COLD (Support) Zone is known to be free of elevated (i.e., higher than background) concentrations of hazardous substances. For hid protocol ilt is all property that is located off the Church Campus.

2.4 WARM ZONE.

The Warm Zone is defined as the Contamination Reduction Zone area in which screening of personnel coming from the Cold Zone (Street) (**Exhibit 3-Virus Zones and Screening Lanes**).



Exhibit 3-Virus Zones and Screening Lanes

It is the transition area between the Cold Zone and Hot Zone. The purpose of the Warm (Contamination Reduction Zone) is to screen personnel for the possibility of COVID -19 Like symptoms. The Warm Zone begins at the Bend of the Drive way which establishes a boundary between the Cold and Warm Zones and establishes areas used to screen Church members, established screening three teams (3) (One team per car lane and one team for the sidewalk) with their equipment parking team and security team. When church member (Family Unit) enters into the circle drive way, they will be greeted by and receive their initial guidance from the Parking Team Member Team #1 (positioned at the bend of the driveway).

The Screening Team (s) will greet Family Units in their vehicle in the Scanner Zone (s) in Exhibit 3. The Screening Team will query each Family unit in their vehicle and determine if they RSVPed for the event and if they are on the RSVP list. Once the Family Unit RSVP has been confirmed, the Screening Team will begin the Screening Process.

Each screening team member will possess the following equipment:

- Medical Infrared Forehead Thermometer (Sampling equipment will be calibrated and clean prior to entering the contaminated area),
- Mask, Rubber Gloves,
- Face Shields, and
- COVID-19 Script Board

The Three Screen Teams will screen all personnel before they can enter into a church sanctuary for any of the following signs or symptoms of COVID-19. Using a Script, the Screening Team will ask all church members/Family Units the following:

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Known close contact with a person who is lab confirmed to have COVID-19
- Recent travel to Hot Zones

The Screening Team will use Medical Infrared Forehead Thermometer to determine whether a church member has a measured temperature greater than or equal to 100.0 degrees Fahrenheit (Exhibit 3- Virus Zones and Screening Lanes).

When the church member (s) has positively passed the Screening, the Parking Team #2 and #3 will direct the church member to a parking space. Once church member (now called Family Unit) is parked, they will exit their vehicle as a Family Unit and join fellow Family Units in line while executing 6 feet Social distancing Rules. Family units will wear the appropriate facial mask/cover. Once the Family Unit reaches the door at the front of the church, they will sanitize their hands before entering the church. A Sanitizing/Washing Hands Table will be positioned outside the front entrance of the church. If a Family Unit does not have a mask, they will be provided masks. Again, all personnel will attempt to maintain 6 feet distance between all personnel at all times.

2.4.1 Protecting our Seniors - Individuals aged 65 or older are at a higher risk of COVID-19. To the extent possible, avoid contact within 6 feet with individuals aged 65 and older. Individuals aged 65 and older are recommended to stay at home as much as possible and view the Services remotely. But if when they enter the church, they are provided all protection to include Face Shields if they request it.

2.5 HOT ZONE (INSIDE THE CHURCH).

2.5.1 Hot Zone is defined as areas of a facility where become COVID-19 virus can be found, can spread, and will be decontaminated/sanitized. Those areas are called Hot Spots. A Hot Spot is defined as a small area or place of significant activity or danger. There are six potential Hot Spots (where the COVID-19 hot spots can be found and must be sanitized inside the Church (Hot Zone) and they are:

- Zone 1 Choir Stand (3-6 Personnel Choir) (4 Musicians) (See Seating Diagram)
- Zone 2 Pulpit (1 Pastor/2 Ministers)
- Zone 3 Congregation Seating (20 Pews-146 Personnel) (Seating Strategy 2-4-4) Seats are marked (See Seating Diagram)
- Zone 4 Multi Media-Audio Visual (Personnel 3)
- Zone 5 Administration Rooms (Personnel) Closed during Service.

- Zone 6 Bathrooms (Max person using the facility is 2).
- Support Staff (24 Personnel)

2.5.2 Access Control Points in the church are used to regulate the flow of personnel and equipment into and out of the potential contaminated area called the **Hot Zone**. The Hot Zone consists of the areas:

- Main Sanctuary of the Church includes all satellite rooms, administration offices, and bathrooms
- Lower Level of the Church consists the Fellowship Hall, all common areas, Academy Classrooms, administration offices, kitchen, computer lab and the bathrooms.

Access Control Points discussed below are used to verify that site control procedures are followed. The Trustee, Sexton, Parking and Security Teams will place readily visible signage to remind everyone to remind all personnel to practice COVID-19 control measures.

The Church's Front Doors are the Church's only Entrance all personnel and Family Unit (s) can enter. Trustee and Security Personnel will staff the entrance. Trustee (s) will guide Family Unit (s) to the lobby and release those Family Unit (s) to the **Greeters** in the Lobby. Greeters will guide the Family Units through the lobby. They will ensure all screened Family Units maintain 6 feet social distance. Greeters will transition all Family Units to the Usher Team. The Ushers will take control of the Family Unit at the second set of doors.

2.5.3 Usher Team. The Ushers are responsible for managing all traffic flow within the church and are responsible for seating members in the church (HOT Zone). They will lead members to designated seating determined by the size of the Family Unit (**See Exhibit 4 HOT Zone-Church Diagram**).

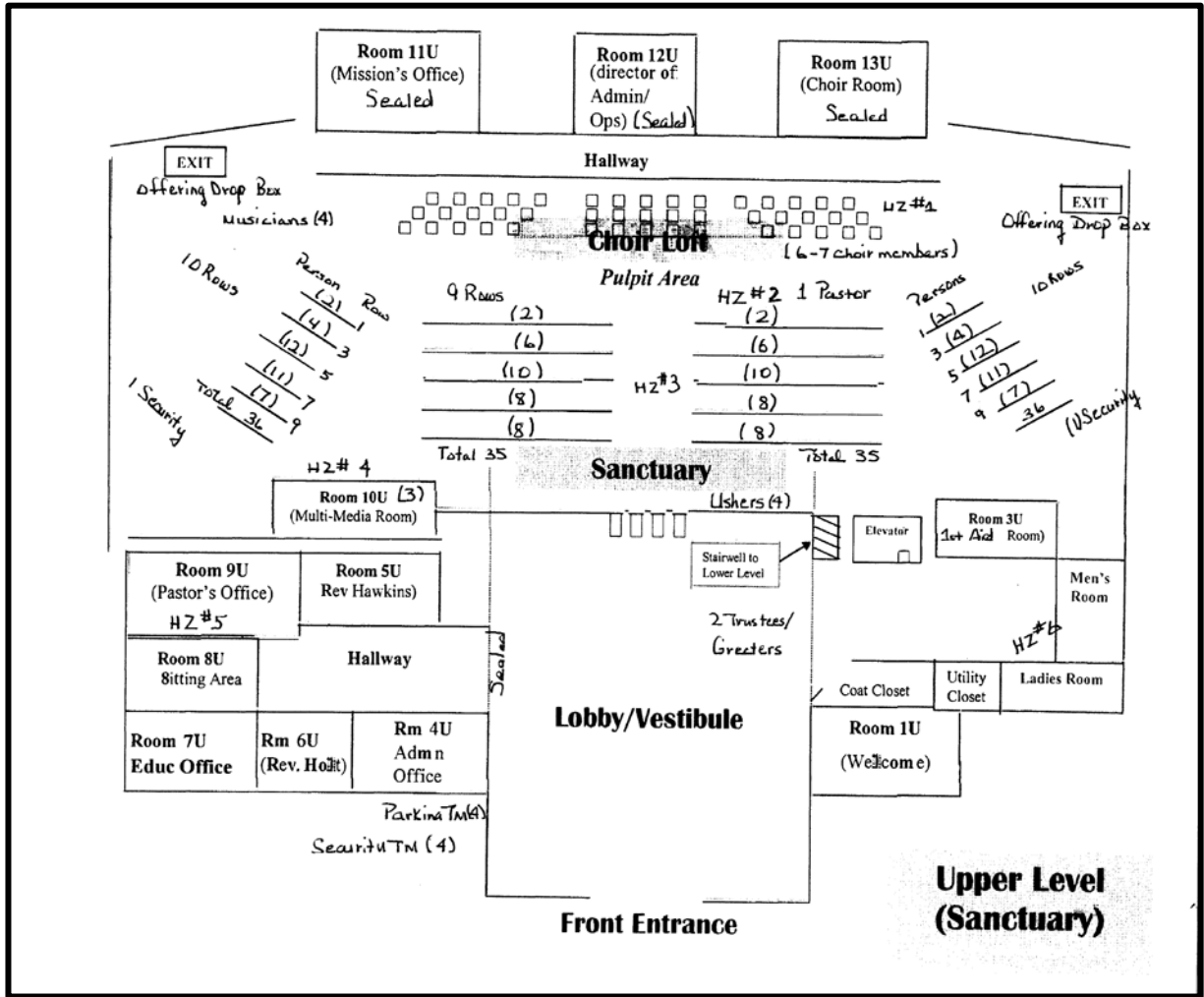


Exhibit 4-HOT ZONE-CHURCH DIAGRAM (INSIDE THE CHURCH)

2.5.3.1 Seating. Ushers are responsible for seating members in the congregation. They will guide and place the Family Units designated seating for two or more members of same household and individuals who are not in the same house hold. Seating throughout the church are “Tabbed.” The Ushers will ensure proper spacing between attendees. The Ushers will keep at least six feet separation between parties in any row, except as follows:

- Two or more members of the same household can sit adjacent to one another with two seats six feet separation empty on either side.
- Two individuals who are not members of the same household but who are attending together can sit adjacent to one another, with six feet separation (or) two seats empty on either side.
- Alternate rows (1, 3, 5, 7, and 9) between attendees (every other row left empty where appropriate (2, 4, 6, and 8).

Upon the end of the service, the ushers will direct congregation members to the exit doors to the left and right doors of the church. They will orchestrate the departure row by row.

2.5.3.2 Handicap Church Members. Handicap Church members will be dropped off at the front entrance where they will be screened, sanitized at the front entrance of the church, directed and seated by the Usher(s) in the designated seats at the rear of the church. All Handicap personnel will park in the Senior Citizens and Handicap Zones. MPBC Ushers will assist Handicap Church members evacuate the handicap member through the front entrance at the end of the service and before the church sanitization process is to begin before the second service.

2.6 SANITATION PROTOCOLS FOR THE CHURCH (See Appendix A Sanitation Procedures-Trustees-TBP).

Upon completion of each service, the Zones 1, 2, 3, 4, and 6 will be sanitized. The Church will be sanitized every Friday and the church will be “sealed” after the Friday Cleaning (with no entry prior to the Sunday Service). The second sanitization is executed after the closure of the 8:30-9:30 AM (first) service. The church will be allowed 60 to 90 minutes to sanitize and “air” out the facility before the next Service. Once the second service is completed the facility will be “lightly” sanitized. Lightly sanitization is defined as the use of disinfectants to clean microphones, pulpits, pew arms, entrance and exit doors and the bathrooms once the second service is completed. The main sanctuary and the lower level Fellowship Hall, Offices, Kitchen, Classrooms and Bathrooms of the church will be sealed through Sunday Morning Service(s). The main sanctuary, bathrooms and storage areas will be sanitized Friday afternoon. Sanitization will consist of:

- Disinfect any items that come into contact with attendees.
- Make hand sanitizer, disinfecting wipes, soap and water, or similar disinfectant readily available.
- Place readily visible signage to remind everyone of best hygiene practices.

Hand washing and maintaining social distance are the main measures recommended by all organization to avoid contracting COVID-19. Unfortunately, these measures do not prevent infection by inhalation of small droplets exhaled by an infected person that can travel distance of meters or tens of meters in the air and carry their viral content.

2.7 AIR FILTRATION.

Science explains the mechanisms of inhalation of small droplets exhaled by an infected person that can travel distance of meters or tens of meters in the air and carry their viral content and there is evidence that this is a significant route of infection in indoor environments. Most viruses, including CoVs, range from 0.004 to 1.0 μm (2). However, viruses are rarely observed as individual particles, but instead are expelled from the body already combined with water, proteins, salts, and other components as large droplets and aerosols. Thus far, SARS-CoV-2 has been observed in aerosolized particles in a spectrum of sizes, including 0.25 to 0.5 μm (3), necessitating high efficiency filtration techniques to reduce the transmission potential of pathogens such as SARS-CoV-2. MPBC analyzed and determined the need to establish redundant air filtration technology solutions.

2.7.1 UV-C Light Sterilization System. At the beginning of 2020, the spread of coronavirus 2019 (COVID-19 or SARS-CoV-2) caused a surge in using UV light to sanitize buildings, work sites, equipment, respirator masks and patient rooms. UV treatment is confirmed to eliminate COVID-19 by Juan Leon, an environmental health scientist at Emory University². Through published studies and documentation,

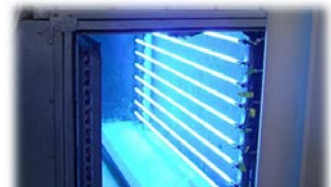


Exhibit 5 UV-C Sterilization System

researchers have verified UV-C sanitation to deactivate previous strains of the coronavirus, such as Severe Acute Respiratory Syndrome (SARS-CoV) with the first human case appearing as far back as 2002 and Middle East Respiratory Syndrome (MERS-CoV) with the first human case appearing as far back as 2012. During the spread of SARS-CoV and MERS-CoV (respectively), UV light disinfection played a vital role in preventing the spread of disease. A 2016 study published in Infection Control and Hospital Epidemiology (ICHE) journal 12 revealed UV-C light to effectively deactivate MERS-CoV (5). During the study, researchers applied UV-C light which reduced MERS-CoV to undetectable levels at a reduction rate of >99.999%. This rate was achieved after five minutes of UV-C exposure and remained undetectable after continued treatment of 30 minutes. A 2018 study¹³ confirmed the above findings, which also showed UV-C light to be effective in reducing MERS-CoV to safe levels (6).

2.7.2 Needlepoint Bipolar Ionization Air Purification System. (Exhibit 6) Needlepoint bipolar ionization works to safely clean indoor air, leveraging an electronic charge to create a high concentration of positive and negative ions. These ions travel through the air continuously seeking out and attaching to particles. This sets in motion a continuous pattern of particle combination. As these particles become larger, they are eliminated from the air more rapidly. Additionally, positive and negative ions have microbicidal effects on pathogens, ultimately reducing the infectivity of the virus. Traditional bipolar ionization systems produce harmful ozone as a byproduct. In this laboratory study, Aviation Clean Air designed a test to mimic ionization conditions like that of a commercial aircraft’s fuselage. Based on viral titrations, it was determined that at 10 minutes, 84.2% of the virus was inactivated. At 15 minutes, 92.6% of the virus was inactivated, and at 30 minutes, 99.4% of the virus was inactivated (8).

Exhibit 6 UV-C Needlepoint Bipolar Ionization Air Purification System (7)



2.7.3 Selection and Installation of NPBI Systems into MPBC HVAC Systems. MPBC analyzed, selected, and installed Needlepoint Bipolar Ionization Air Purification System into the existing HVAC systems. The following NPBIs will be installed in the following HVAC units:

- Phase I (Upper- Main Sanctuary) Installation of NPBI (s)
 - Sanctuary Center- install one GPS-IMOD 102
 - Sanctuary Left-install one GPS-IMOD 84
 - Sanctuary Right-install one GPS-IMOD 84
 - 2-ton Split Systems-install one each GPS-FC24
 - 7.5-ton Twin Furnaces – install one each GPS-DM48
- Phase II (Downstairs) Installation of NPBI (s)
 - Fellowship Hall-install one GPS-IMOD GPS-DM48
 - 3-ton Split Systems-install one each GPS-FC24

2.7.4 MERV Filters. As air moves through a building’s HVAC system, air filters trap and collect large and small particles such as dust, allergens, and microorganisms. According to the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), this filtration helps provide healthier indoor air quality. A filter's MERV number indicates how it is rated to remove these particles.

An air filter’s minimum efficiency reporting value (MERV) rating measures how effectively the filter stops dust and other contaminants from passing through the filter and into the air stream. Filters with higher MERV ratings trap small particles more effectively than filters with lower MERV ratings.

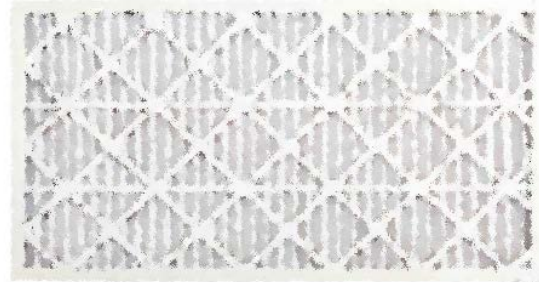


Exhibit 7 MERV Filter

In general, filters with a rating of MERV 16 or below are considered to be HVAC-system-grade filters for residential, commercial, and general hospital use. Most viruses, including CoVs, range from 0.004 to 1.0 µm **(10)**. NPBI combined with a MERV filter unit will effectively eliminate this problem **(11)**. **Exhibit 7** is a picture of a MERV Filter.

2.7.5 REDUNDANT AIR FILTRATION SYSTEM OF SYSTEMS SOLUTION (RAFSSS). The combination of a NPBI with a MERV 8-10 Air Filter forms a RAFSSS. RAFSSS is a solution that achieve the destruction and removal of 99.999% of all viruses and bacteria. MPBC current HVAC is not built to operate with a MERV 13 filter 24/7/365 and therefore MPBC will used MERV 8-10 filter in combination with a NPBI. As air moves through the church’s HVAC systems, the NPBI (installed in front of the HVAC Core) and the MERV 8 (located behind the core) kills 99.999% of all virus to include COVID-19. The MERV filter is the final line of defense. During the COVID-19, the MERV filter will be disposed in accordance with disposal requirements (every 30 days).

The DOAC and Trustee Team will ensure NPBI is activated for 12 hours before a church service (After the facility has been sanitized) and will remain on two hours after church service has ended. This protocol will ensure all air ran through MPBC RAFSSS is sanitized 99.999%.

2.8 TEMPERATURE AND HUMIDITY. One additional minor solution requires the management of a facilities HAVC temperature and humidity. Research has shown that COVID tends to be slightly more infectious at low humidity rates and colder temperatures. This happens because the virus flourishes at certain temperatures and humidity levels, while humans are more likely to get sick when the air dries out nasal membranes. High levels of moisture in the air allow other bacteria and molds to flourish. This can result in respiratory infections that make you more susceptible to dangerous COVID symptoms. MPBC will keep g temperatures at levels safe for human functioning is still the best option. If you want to adjust humidity, try to keep it no higher than 50 percent. This will add some moisture to the air without allowing for mold growth.

2.9 PLEXIGLASS TO PROTECT FROM THE SPREAD OF CORONAVIRUS

CDC and OSHA recommend the use of barriers such as plexiglass, strip curtains or similar impermeable dividers to separate personnel if 6 ft distancing is not possible. **Exhibit 8** displays trajectories of droplets and aerosols from an infected patient (a) event of sneezing with droplets travelled for 6 m at a

speed of 50 m/s within 0.12 s (b) event of coughing with droplets travelled for 2 m at a speed of 10 m/s within 0.2 s (c) event of exhaling with droplets travelled for 1 m at a speed of 1 m/s within 1 s (12-19).

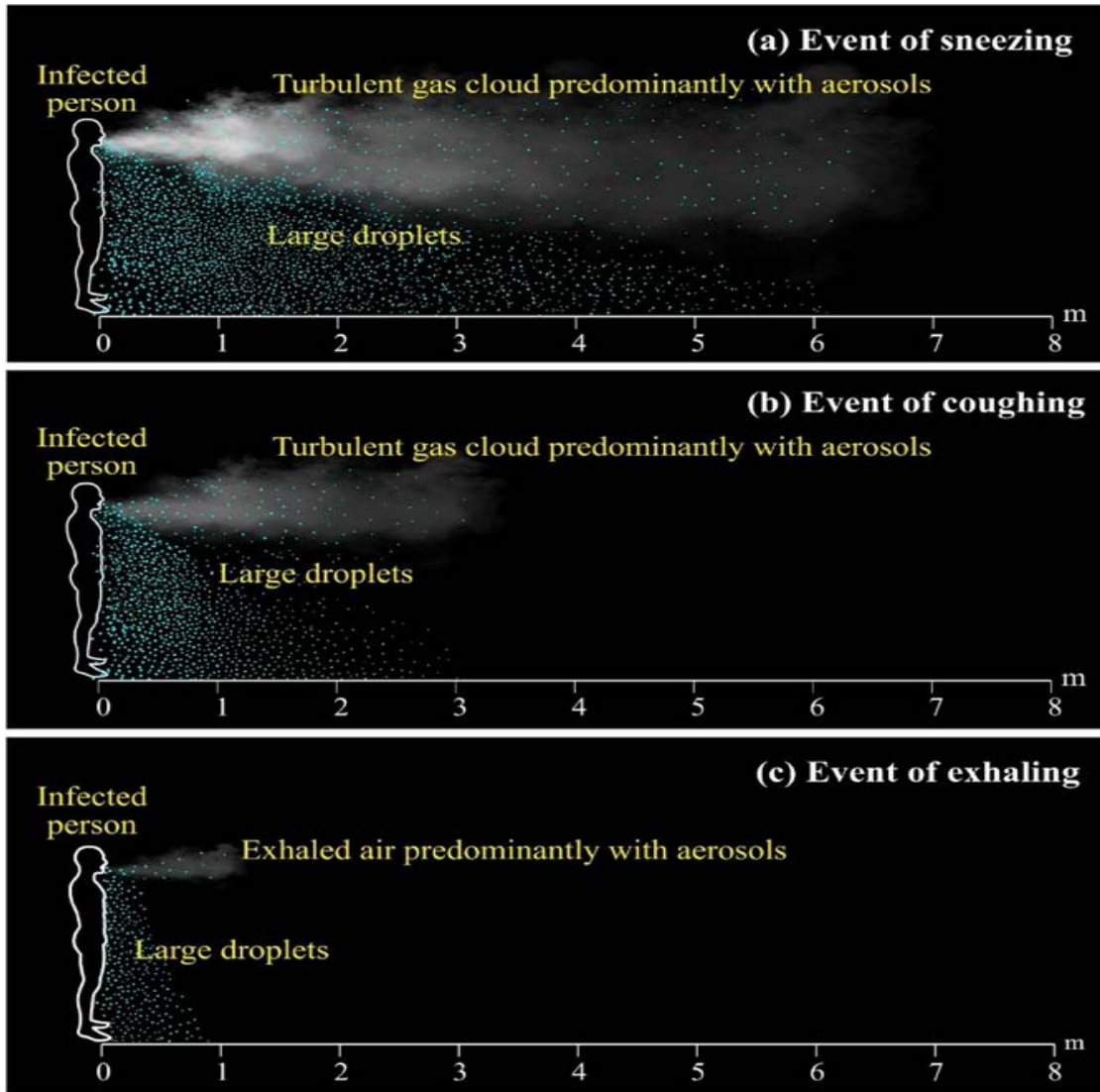


Exhibit 8- Larger Droplets with Viral Content Deposit Close to the Emission Point (droplet transmission), while smaller can travel meters or tens of meters long distances in the air indoors (aerosol transmission).

MPBC will install the first level plexiglass shields between a choir and the pulpit and a second level shield between the pastor and pulpit and the congregation sitting in the pews. Plexiglass shields will help slow and re-direct the spread of viral content to the church's HVAC and Air filtration units. The Plexiglass are about 72 inches high.

2.10 HEALTH PROTOCOLS FOR EMPLOYEES AND VOLUNTEERS (20-23)

- Train all employees and volunteers on appropriate cleaning and disinfection, hand hygiene, and respiratory etiquette

- Screen employees and volunteers as they immediately enter into the church sanctuary regardless of the start of the church service
- Send home any employee or volunteer who has any of the following new or worsening signs or symptoms of possible COVID-19:
 - ✓ Cough
 - ✓ Shortness of breath or difficulty breathing
 - ✓ Chills
 - ✓ Repeated shaking with chills
 - ✓ Muscle pain
 - ✓ Headache
 - ✓ Sore throat
 - ✓ Loss of taste or smell
 - ✓ Diarrhea
 - ✓ Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
 - ✓ Known close contact with a person who is lab confirmed to have COVID-19
 - ✓ Recent travel to a Hot Zone
 - ✓ Do not allow employees or volunteers with new or worsening signs or symptoms listed above to return to work until:

In the case of an employee or volunteer who was diagnosed with COVID-19, the individual may return to work when all three of the following criteria are met: at least 3 days (72 hours) have passed since recovery (resolution of fever without the use of fever-reducing medications); and the individual has improvement in symptoms (e.g., cough, shortness of breath); and at least 10 days have passed since symptoms first appeared; or the employee or volunteer who has symptoms that could be COVID-19 is tested, evaluated and obtain medical release from a medical professional; or

If the employee or volunteer has symptoms that could be COVID-19 and wants to return to work before completing the above self-isolation period, the individual must obtain a medical professional's note clearing the individual for return based on an alternative diagnosis; or

Not allow an employee or volunteer with known close contact to a person who is lab- confirmed to have COVID-19 to return to work until the end of the 14-day self-quarantine period from the last date of exposure.

MPBC and DoAO will:

- Have employees or volunteers wash or sanitize their hands upon entering.
- Have employees or volunteers maintain at least 6 feet separation from other individuals. If such distancing is not feasible, then other measures including face covering, hand hygiene, cough etiquette, cleanliness, and sanitation will be rigorously practiced.
- Consider (Consistent with CDC guidelines) having employees, volunteers, and attendees wear cloth face coverings (over the nose and mouth). Bandanas, handkerchiefs, fleece balaclavas (cold-weather gear that covers the entire face except for the eyes) and neck gaiters (tubes of performance fabric typically used for running outdoors), offered very little protection and are not recommended for protection in the church facility.

2.11 MANAGEMENT EMERGENCY INCIDENT DURING OPERATION AT FACILITIES (20-26).

If there has been a suspected COVID-19 case inside the church (among incarcerated/detained persons, staff, or visitors who have recently been inside), the Ushers and Emergency Response Team begin implementing management strategies while test results are pending. Essential Management strategies will include placing individual (s) with symptoms under medical isolation in the Emergency Aid Room, quarantining their close contacts, and facilitating necessary medical care, while observing relevant infection control and environmental disinfection protocols and wearing “**recommended PPE**”.

2.11.1 Emergency Incident Operations

If a transfer is necessary, perform verbal screening and a temperature check as outlined in the Screening section below before the individual leaves the facility. If an individual does not clear the screening process, delay the transfer and follow the protocol for a suspected COVID-19 case— including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing. Medical Response Team Lead will:

- Incorporate screening for COVID-19 symptoms and a temperature check into release planning.
- Screen all releasing individuals for COVID-19 symptoms and perform a temperature check.
- If an individual does not clear the screening process, follow the protocol for a suspected COVID-19 case—including putting a face mask on the individual, immediately placing them under medical isolation, and Forward the individual to medical facilities for evaluation and testing.
- If the individual is released before the recommended medical isolation period is complete, discuss release of the individual with state, local, tribal, and/or territorial health departments to ensure safe medical transport and continued shelter and medical care, as part of release planning.
- Coordinate with state and local organizations, if the transfer must still occur, ensure that a receiving facility has capacity to appropriately isolate the individual upon arrival.

2.12 COMMAND, CONTROL, COMMUNICATIONS, AND INTEGRATION.

2.12.1 Communications Plan

The MPBC Communication Plan addresses internal communication between Director of Administration and Operations (DoAO) and the MPBC Execution Recovery and Reopen team members, as well as external communication with local emergency management stakeholders.

Internal Communication within the REOPENING CHURCH WORSHIP SERVICE Team –The Reopening Worship Service Team consists of Parking, Security, Screening, Trustee, Ushers, Deacons, Greeters, Medical and Admin. The **Exhibit 8** below details the major lines of communication between the Reopening Team.

Communication/Team Leads	Description	Personnel
Security Team- Director of Adm & Ops (DoAO)	Security: Provides security oversight the screening operations and parking operations outside the church; Provides security oversight of operation within the church; Provides security oversight	4 Persons (1 Team Lead and 3 Persons) per service Total: 9 Team members

	of Church Access Control Points used to regulate the flow of personnel and equipment into and out church; Staff the Church's Front Doors; Coordinate the manning of the Lobby of the church with Trustee Personnel and Greeters.	
Parking Team-DoAO	Parking to direct the church member to a parking space and ensure Church Members-Family Units to adhere to 6 Feet social distancing leading to and out of Church.	4 Persons (1 Team Lead and 3 Persons) per service Total: 9 Team members
Screening Team	Screens personnel coming from the Cold Zone for the possibility of COVID-19; Receives RSVP report from Admin who informs Screening Data Saturday before Service (Copy Furnish to DoAO and Security). Reports results of screening operations after each service to DoAO and Admin for Pastor. Supports the Church Emergency Response Team during church crisis.	11 Persons (1 Team Lead and 10 Persons) per service Total: 15 Team members
Greeting Team	Door greeter stand at the door and greet the ensures Family Unit who arrive; ensures Family Unit sanitizes hands; escorts and transitions family unit to usher.	3 Persons (1 Team Lead and 2 Person) per service Total: 6 Team members
Trustees	Trustees will work with the DoAO to help provide execution oversight of the reopening policy and procedures. Trustee will staff Access Control Points to regulate the flow of Family Units into the Lobby and ensure transition of Family Units from Greeters to the Ushers. Coordinate the location and distribution of Supplies (Masks, Gloves, Water, Sanitization, thermometers for the Screening Team).	2 Persons (1 Team Lead and 1 Person) per service Total: 4 Team Members
Ushers Team	Ushers receive Family Members Units from the Greeters in the Lobby. Ushers responsible for traffic flow in the church. Ushers assume control of Family Members at the second set of doors. Ushers are responsible for seating members in the church (HOT Zone). Ushers ensure proper spacing (six feet separation between parties in any row) between Church attendees. End of the	6 Persons (1 Team Lead and 5 Persons) per service Total: 12 Team members

	service, Ushers direct congregation to the exit doors to the left and right doors of the church at the end of service.	
Communication-Admin Team	Admin establishes and executes integration of all communication and information and provides reports to the DoAO. Coordinate the receipt of RSVP reports from Realm provide reports to Security, Screening, Trustee and DoAO at 6:00 PM Saturday before service. Multi Media Team?	4 Admin (Team Lead)
Emergency Aid Management Team-DoAO	Place individual (s) with symptoms under medical isolation in the First Aid Room, quarantine their close contacts, facilitate necessary medical care, and ensure infection control and environmental disinfection protocols and wearing recommended PPE.	1 Doctor and 2 Medical Assistants per service Total: 6 Team members

Figure 8. Internal Call Order Communications

Pastor and DoAO stresses open communications among team members to identify and resolve problems early and request support as needed to ensure success. The Communication Team DoAO will provide RSVP report to Pastor and Trustees, Security, Screening and Usher Teams for coordination and execution.

External Communication with Fairfax County Emergency Management Organization—MPBC Team communicates with the appropriate Fairfax County Emergency Management Organization appropriate channels to support the successful MPBC reopen, recovery and sustainment operations.

2.13 LOGISTICS AND SUPPLY.

2.13.1 MPBC will maintain stockage of supplies and equipment that will support four months of operations. Stockage objectives are based upon a providing 182 days of supplies and material and equipment for a Phase 1 Worship Service. MPBC will provide a worship service for 182 church members and support staff during this COVID-19 environment. To execute the service, MPBC will have available the following equipment on hand:

- 14 Operational Medical Infrared Forehead Thermometer (Sampling equipment will be calibrated and clean prior to entering the contaminated area),
- 40 pair of gloves per service
- 182 Masks per service
- 24 Face Shields
- 14 COVID-19 Script Boards or IPADS
- Sanitizing table (2)
- Scanning Table (2)
- Enough sanitizers to support 182 Personnel per service, or soap and water for at least 20 seconds per person per service

- 3 Offering Collectors
- Plexiglass Shields
- MERV 13 and above Air Filtration Filters and
- Cleaning and Disinfection Supplies

2.13.2 Church will execute X worship services per Sunday which equates to a total of X services per month. This will equate to providing worship services to 1456 church members and support staff per month.

2.13.3 DoAO will ensure that each family member will be supplied with the protective equipment needed.

2.14 TRAINING, EXERCISE AND EVALUATION (MANDATORY FOR ALL VOLUNTEERS).

2.14.1 Task 1 Develop and Deliver Educational, Training, and Awareness Materials. DoAO and Trustee Team will develop and execute detail education, training, and safety program for restoring and conducting the church service during the COVID-19 Environment. DoAO and Trustee Team will ensure all materials will also be made available to the MPBC COVID-19 Church Service Support team.

2.14.2 Training. Trustee Team and MPBC Church Service Support Team Leaders are instructors and they will be providing management and “Designated” Church service task support.

2.14.3 Training Objectives:

- Identify the multiple roles and responsibilities of the MPBC COVID-19 church reopening and Church Service Support team.
- Build and manage effective organizational structures within the MPBC.
- Discuss the importance of designing and integrating enhanced technology into Church reopening and Church service.
- Discuss Continuity of Operations (COOP) planning at the local level.
- Promote effective Church reopening and church service through plans, procedures, coordination, and documentation.
- Relate situational awareness and common operating pictures to Church reopening and church service.
- Integrate call centers and public information concepts into MPBC Church reopening and church service.
- Describe the role and challenges of MPBC Church reopening and church service during the transition to recovery.

2.14.4 Training Task Matrix. The Team Leads will conduct “Train the Trainer” concept. The trainer will in turn train the volunteers on their team. Each Team will be evaluated and must demonstrate proficiency in the execution of their tasks.

Team Leads	Tasks	Personnel	Done (Y or N)
Security Team- Director of Adm & Ops (DoAO)	1.Security supplies security overwatch the screening operations and parking operations outside the church.	4 Persons (1 Team Lead and 3 Persons) per service Total: 9 Team	

	<p>2. Provides security overwatch of operation within the church. Provides security overwatch of Church Access Control Points used to regulate the flow of personnel and equipment into and out church.</p> <p>3. Staff the Church's Front Doors.</p> <p>4. Coordinate the manning of the Lobby of the church with Trustee Personnel.</p>	members	
Parking Team-DoAO	<p>1. Parking to direct the church member to a parking space</p> <p>2. Ensure Church Members-Family Units to adhere to 6 Feet social distancing leading to and out of Church.</p>	4 Persons (1 Team Lead and 3 Persons) per service Total: 9 Team members	
Screening Team	<p>1. Receives RSVP report from Admin who informs Screening Data Saturday before Service (Copy Furnish to DoAO and Security).</p> <p>2. Screens Family Units for temperature with Medical Infrared Forehead Thermometer to determine whether a church member has a measured temperature greater than or equal to 100.0 degrees Fahrenheit</p> <p>3. Using a Script, the Screening Team will ask all church members the following:</p> <ul style="list-style-type: none"> • Cough 	11 Persons (1 Team Lead and 10 Persons) per service Total: 15 Team members	

	<ul style="list-style-type: none"> • Shortness of breath or difficulty breathing • Chills • Repeated shaking with chills • Muscle pain • Headache • Sore throat • Loss of taste or smell • Diarrhea • Known close contact with a person who is lab confirmed to have COVID-19 • Recent travel to Hot Zones <p>4. Reports results of screening operations after each service to DoAO and Admin for Pastor.</p> <p>5. Supports the Church Emergency Response Team during church crisis.</p>		
Greeting Team	<ol style="list-style-type: none"> 1. Greeter stand at the door and greet Family Units 2. Ensures Family Unit sanitizes hands. 3. Escorts and transitions family unit to usher. 	3 Persons (1 Team Lead and 2 Person) per service Total: 6 Team members	
Ushers Team	<ol style="list-style-type: none"> 1. Receive Family Members Units from the Greeters in the Lobby. 2. Ushers assume control of Family Members at the second set of doors. 3. Seat Family Units in the church (HOT Zone). 4. Ensure proper spacing between Church attendees. 5. Ensure six feet 	6 Persons (1 Team Lead and 5 Persons) per service Total: 12 Team members	

	<p>separation between parties in any row.</p> <p>6. Manage traffic flow in the church.</p> <p>7. End of the service, direct congregation to the exit doors to the left and right doors of the church at the end of service.</p>		
Communication	<p>1. Commo-Admin establishes and executes integration of all communication and information and provides reports to the DoAO.</p> <p>2. Coordinate the receipt of RSVP reports from Realm provide reports to Security, Screening, Trustee and DoAO at 6:00 PM Saturday before service.</p>		
Emergency Aid Management Team-DoAO	<p>1. Place individual (s) with symptoms under medical isolation in the First Aid Room, quarantine their close contacts, facilitate necessary medical care</p> <p>2. Ensure infection control and environmental disinfection protocols and wearing recommended PPE.</p>	<p>1 Doctor and 2 Medical Assistants per service Total: 6 Team members</p>	

2.14.5 Task 2 Exercise (s). MPBC Church Service Support team consists of Team Leads and planners who are experienced in all aspects of planning, design, execution, evaluation, and corrective action planning for conducting church service during the COVID-19. DoAO will ensure all Team Leads and Members’ skill level includes being certified by Master Exercise Practitioners (MEPs). The DoAO and Trustee team will develop, coordinate, and manage a training and exercise plan for the COVID-19 environment. All planning incorporates processes to identify non-material and material resources required for execution and evaluation as well as timelines and milestones required for implementation. The MPBC Team will utilize standard Operational Risk Management (ORM) methodology (The term Operational Risk Management (ORM) is defined as a continual cyclic process which includes risk assessment, risk decision making, and implementation of risk controls, which results in acceptance, mitigation, or avoidance of risk. ORM is the oversight of operational risk, including the risk of loss resulting from inadequate or failed internal processes and systems; human factors; or external events.).

2.14.5.1 Exercise Parameters. (Mandatory for all Volunteers)

- The MPBC COVID-19 church service exercise will last for three-hour (3) hours of continuous play.
- The MPBC COVID-19 will provide a capability to provide security, parking, COVID-19 screening, greeting, ushering, and emergency aid management support for conducting a safe environment for church attending members.
- Exercise will be conducted prior to the decision to reopen Church service and the results of the evaluation will be provided to the Pastor and the Leaders of the church.
- Trustee Team will be evaluators and they conduct debriefings, de-conflicting observations, developing findings, and completing the exercise evaluation report. The report will be completed and delivered to the Pastor and the Leaders of the church within three days after the exercise date.
- Administrative support for the exercise evaluation report will consist of one person as Exercise Coordinator and Team Leader and two administrative/clerical staff at the exercise site for two days.
- On-Site Exercise Support:
 - Personnel
 - Team Leader – 1
 - Administrative/clerical – 3
 - Trustees– 4
 - Equipment
 - Products.
 - Exercise Coordinator and Team Leads talking points
 - Scenario briefing charts
 - Exercise overview briefing charts
 - Exercise briefing for players
 - Controller/Evaluator guidelines
 - Report preparation guidelines
 - “Lessons learned”/feedback forms
- Draft Exercise Report- Exercise Coordinator
 - Edit evaluators’ worksheets
 - Consolidate input for draft report
 - Format and compile draft report
 - Edit draft report
 - Reproduce draft report

2.14.5.2 Evaluation Checklist.

Team Leads	Description	Personnel	Done (Y or N)	Comments
Security Team-Director of Adm & Ops (DoAO)	Security provides security overwatch the screening operations and parking operations outside the church; Provides security overwatch of operation within the church.	4 Persons (1 Team Lead and 3 Persons) per service Total: 9 Team members		

	Provides security overwatch of Church Access Control Points used to regulate the flow of personnel and equipment into and out church. Staff the Church's Front Doors. Coordinate the manning of the Lobby of the church with Trustee Personnel.			
Parking Team-DoAO	Parking to direct the church member to a parking space and ensure Church Members-Family Units to adhere to 6 Feet social distancing leading to and out of Church.	4 Persons (1 Team Lead and 3 Persons) per service Total: 9 Team members		
Screening Team	Screens personnel coming from the Cold Zone for the possibility of COVID -19; Receives RSVP report from Admin who informs Screening Data Saturday before Service (Copy Furnish to DoAO and Security). Reports results of screening operations after each service to DoAO and Admin for Pastor. Supports the Church Emergency Response Team during church crisis.	11 Persons (1 Team Lead and 10 Persons) per service Total: 15 Team members		
Greeting Team	Door greeter stand at the door and greet the ensures Family Unit who arrive; ensures Family Unit sanitizes hands; escorts and transitions family unit to usher.	2 Persons (1 Team Lead and 1 Person) per service Total: 4 Team members		
Trustees Team	Trustees will work with the DoAO to help provide execution oversight of the reopening policy and procedures. Trustee will staff Access Control Points to regulate the flow of Family Units into the	2 Persons (1 Team Lead and 1 Person) per service Total: 4 Team Members		

	<p>Lobby and Transition Family Members Units to the Usher. Coordinate the location and distribution of Supplies (Masks, Gloves, Water, Sanitization, thermometers for the Screening Team)</p> <p>Coordinate the Sanitizing Operations before church and during the break between 1st and 2nd Services</p>			
Ushers Team	<p>Ushers receive Family Members Units from the Trustees in the Lobby. Ushers assume control of Family Members at the second set of doors. Ushers are responsible for seating members in the church (HOT Zone). Ushers ensure proper spacing between Church attendees. Ushers ensure six feet separation between parties in any row. Ushers responsible for traffic flow in the church. End of the service, Ushers direct congregation to the exit doors to the left and right doors of the church at the end of service.</p>	<p>4 Persons (1 Team Lead and 3 Persons) per service Total: 8 Team members</p>		
Communication Team	<p>Admin establishes and executes integration of all communication and information and provides reports to the DoAO. Coordinate the receipt of RSVP reports from Realm provide reports to Security, Screening, Trustee and DoAO at 6:00 PM Saturday before service.</p>			

Emergency Aid Management Team- DoAO	Place individual (s) with symptoms under medical isolation in the First Aid Room, quarantine their close contacts, facilitate necessary medical care, and Ensure infection control and environmental disinfection protocols and wearing recommended PPE.	1 Doctor and 2 Medical Assistants per service Total: 6 Team members		
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2.14.5.3 Post-Exercise Support

- Final Exercise Report
 - Consolidate input
 - Format and compile
 - Edit
 - Produce camera-ready master
 - Distribute hard-copy master and CD-ROM copy (including MS Word and Adobe .pdf formatted versions of report) to each Exercise Co- Director

PHASE 3

3. MT PLEASANT BAPTIST CHURCH CHRISTIAN ACADEMY (MPBCCA)

3.1 OBJECTIVE. Mt. Pleasant Baptist Church (MPBC) and the MPBCCA will implement a program that allows the church’s Christian Academy to reopen and provide its parents, children and the academy staff an environment to allow the “whole” child to develop spiritually , academically, socially and physically despite a COVID-19 environment.

3.2 PHASING GUIDANCE. MPBC and MPBCCA phase guidance is based upon CDC, Virginia, and Fairfax County guidance. MPBCCA School Administrators and DoAO will conduct a General and Daily/Weekly Readiness Assessment of the academy facility and its responsibility to protect staff and students in a COVID-19 Environment. The mitigation strategies DoAO MPBCCA will execute includes physical distancing, enhanced cleaning, health screening protocols, appropriate PPE, etc., are necessary across all phases to reduce the spread of COVID-19 virus within the facility. MPBCCA through the DoAO will base daily operations on local health data and the Academy is authorized to be more restrictive for in-person services than what is allowed in each phase.

3.3 EDUCATION AND SAFETY PROTOCOLS. During COVID-19 phase, MPBCCA will implement education and safety protocols. MPBCCA will insure:

- Daily health screenings for students and staff are executed
- Social distancing guidelines are implemented:
 - Maximum 10 people per classroom and 6-foot physical separation, whenever possible; and Limited mixing of students in groups, no communal spaces, such as cafeterias, and no large gatherings.

- Modified Layouts-Space seating/desks at least 6 feet apart when feasible. Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.
- Physical Barriers and Guides-Install physical barriers, such as plastic flexible screens, sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks)
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines
- Food Service-Have children bring their own meals as feasible, or serve individually plated meals in classrooms
- Communal spaces remain closed, if possible, or receive intensive disinfection between uses.
- Teaches and staff members wear appropriate PPE: Face shields, Gloves, and aprons
 - Cloth Face Coverings-Teach and reinforce use of cloth face coverings. Face coverings will be challenging for K3 and 4 students to wear in all-day settings such as school. Face coverings would be worn by staff and K5, 1st and 2nd grade when brought in as Phase 2*.
- Health and hygiene, cleaning and disinfecting are executed:
 - Hand Hygiene and Respiratory Etiquette-Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff and if soap and water are not readily available use hand sanitizers
- Shared Objects are:
 - Discouraged-they are difficult to clean or disinfect
 - Separate child's belongings from others to include items in individual desk. Those items must be labeled in containers, cubbies, or areas.
 - Ensure adequate supplies to minimize sharing of high touch materials by one group of children at a time and clean and disinfect between use.
 - Avoid sharing electronic devices, toys, books, and other games or learning aids.
 - Ventilation-Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible.
- No athletics or extracurricular activities are permitted
- Encouraging staff and students who feel sick to stay home and follow MPBC policies on when they can return.

3.4 MPBCCA EXECUTION ASSESSMENT AND RISK MITIGATION PLAN (See MPBCCA-Reopen, Establish, Conduct, and Maintain a Safe Environment During the COVID-19 Pandemic for Mount Pleasant Baptist Church Christian Academy (MPBCCA)).

3.5 MPBC and MPBCCA EDUCATION PLAN. MPBC and MPBCCA Education Plan will be prepared to submit a plan to the Virginia Department of Education and FC if required documenting its health mitigation plan.

PHASE 4

FULL OPERATION (WITHIN FEDERAL, STATE, AND LOCAL GUIDELINES).

4.1 OBJECTIVE. Mount Pleasant Baptist Church (MPBC) will implement a program that allows the church to reopen and provide its congregation and staff an environment that helps the people of faith to practice their beliefs while keeping their staff and congregations safe in a COVID-19 environment.

4.2 MPBC will implement all processes and procedures outlined above.

MPBC EXECUTION TIMELINE

5.1 MPBC Event and Task timeline used by Church leadership to coordinate and management of the resumption of Church Operations and Services.

Event/Task	Planning Date (s)	Actual Date (s)
Teams Briefing/Training	12 July	18 July
Team Walk thru/Media Taping	19 July	18 July/19 July
Training Day (s)	12, 19, 26 Sep and 3 and 10 Oct	TBD
Simulation	TBD	TBD
Town Hall	TBD	TBD
Opening Date	TBD	TBD

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- 6.2 Department of Health and Human Services, 45 CFR Parts 160 and 164, Notification of Enforcement Discretion under HIPAA to Allow Uses and Disclosures of Protected Health Information by Business Associates for Public Health and Health Oversight Activities in Response to COVID-19^v
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- 6.4 Characteristics of airborne bacterial communities in indoor and outdoor environments during continuous haze events in Beijing: Implications for health care, Jianguo Guoa,b, Yi Xiongc, Changhua Shia,b, Ce Liud, Hongwei Lia,b, Hua Qiane, Zongke Sunf, Chuan Qina
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- 6.6 N95s - Sufficient Protection for COVID-19?
- 6.7 COVID-19 Protection White Paper
- 6.8 Larson Electronic HVAC Catalo 2020
- 6.9 Larson Electronic HVAC Information Papers-COVID-19
- 6.10 UV Effectiveness Against Coronavirus

6.11 Far-UVC light (222 nm) efficiently and safely inactivates airborne human corona viruses World Health Organization. Coronavirus disease (COVID-2019) situation reports. Available on: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports> (2020).

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6.18 GPS-iMOD, Modular Needlepoint Bipolar, Ionization Air Purification System Product Sheet.

6.19 Independent Laboratory Test Results- Global Plasma Solutions (GPS) for NPBI

6.20 Innovative Bioanalysis, SARS-CoV-2 Neutralization by Needlepoint Bipolar Ionization, PROJECT: Needlepoint bipolar Ionization "NPBI" applied to COVID19, PRODUCT: ACA-RN-0001 and ACA4800GU-1, Powered by GPS NPBI™ Technology CUA UC NO: 0500559, Powered by GPS NPBI™ Technology, Albert.Brockman@innovativebioanalysis.com, Innovative Bioanalysis 5630 Cerritos Ave, Cypress CA, 90630.

6.21 What Is MERV Rating? Air Filter Rating Chart White Paper, Author: Micheal Davis, dated September 15, 2020

6.22 ASHRAE Position Document on Filtration and Air Cleaning, Approved by ASHRAE Board of Directors, January 29, 2015

6.23 2019 Novel Coronavirus (COVID-19) Pandemic: Built Environment Considerations To Reduce Transmission Leslie Dietz, Patrick F. Horve, #a David A. Coil, Mark Fretz, Jonathan A. , Eisen, D. E. F and Kevin Van Den Wymelenberga, CJack A. Gilbert, Editor Jack A. Gilbert

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6.25 Sixty-Eight (2020) and Order of Public Health Emergency Eight Additional Restrictions on The Eastern Region Due to Novel Coronavirus (Covid-19)

6.26 State of Virginia Safer at Home: Phase Three Guidelines for All Business Sectors